

EXHIBIT 4

Exhibit D – Electronic Claim Form

Snyder, et al. v. Ocwen Loan Servicing, LLC
U.S.D.C., Northern District of Illinois, Case No. 1:14-cv-08461

Settlement Administrator
PO Box []
[]

Toll Free Number: x-xxx-xxx-xxxx
Website: www.OcwenTCPASettlement.com

<<mail id>>
<<Name1>>
<<Name2>>
<<Address1>>
<<Address2>>
<<City>><<State>><<Zip>>

ELECTRONIC CLAIM FORM

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE
ALL OF THE INFORMATION BELOW AND YOU MUST ELECTRONICALLY **SIGN** THIS CLAIM FORM.

YOUR CLAIM FORM MUST BE **SUBMITTED** BY _____, 2017.

1. CLAIMANT INFORMATION:

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP (optional)

CONTACT PHONE NUMBER: CELL PHONE NUMBER TO WHICH YOU RECEIVED A CALL:

(XXX) XXX – XXXX

(XXX) XXX - XXXX

2. CERTIFICATION:

By signing and submitting this Claim Form, I certify that I received a call from Ocwen on the above cell phone number, and was the subscriber or user of the cell phone number.

Signature: _____

Date: _____

Para ver este aviso en español, visite www.OcwenTCPASettlement.com.

For more information, visit www.OcwenTCPASettlement.com.